Module 3:
TRICARE Options

TRICARE®

TRICARE UNIVERSITY
2003
SM

Module Objectives

After this module, you should be able to:

- List the features of TRICARE Standard, Extra and Prime
- Explain the TRICARE charges associated with the basic TRICARE options
- Identify TRICARE-authorized provider types

TRICARE

- When TRICARE was implemented in 1993, the following three basic options were introduced:
  - TRICARE Standard (fee-for-service option)
    - Similar to original CHAMPUS program
  - TRICARE Extra (preferred provider option)
  - TRICARE Prime (managed care option)
- There are certain costs and advantages associated with each option

TRICARE Standard

- TRICARE Standard is a fee-for-service option available to all non-active beneficiaries
- Beneficiaries have the freedom to choose from a larger provider pool of TRICARE-authorized providers for TRICARE-covered services
- Beneficiaries pay higher out-of-pocket costs compared to the other basic TRICARE options
- Beneficiaries are responsible for annual deductibles and cost shares, and may be responsible for certain other costs

TRICARE Standard

Eligibility

- Active duty family members
- Transitional Survivors/Survivors
- Retirees and their family members
- Medal of Honor recipients and their families
- Family members of National Guard/Reserve members
  - When sponsor is activated on federal orders for more than 30 consecutive days

Enrollment

- No enrollment or fees required
- Coverage is automatic upon registration in the DEERS

Military Treatment Facility (MTF) Access

- Space-available basis only
- No charge for outpatient services
- Nominal fees for inpatient care

TRICARE Standard Costs

Status	Active Duty Family Member E1 – E4	Active Duty Family Member E5 and Above	Retirees, Their Family Members and Survivors
Enrollment Fee	$0	$0	$0
Cost Shares	20% of TRICARE allowable charge	20% of TRICARE allowable charge	25% of TRICARE allowable charge
Deductibles	$50 individual $100 family	$150 individual $300 family	$150 individual $300 family
Catastrophic Cap*	$1,000 per family per fiscal year	$1,000 per family per fiscal year	$3,000 per family per fiscal year

* The catastrophic cap is the maximum amount per fiscal year a beneficiary pays out-of-pocket for TRICARE-covered services or supplies.

TRICARE Extra

- TRICARE Extra is a preferred provider option available to all non-active duty beneficiaries in the continental U.S. only
- When TRICARE Standard beneficiaries receive care from a TRICARE network provider, they are using the TRICARE Extra option for that episode of care
- Offers a five percent cost share discount when the TRICARE Standard beneficiary uses a TRICARE network provider for TRICARE-covered services

Using TRICARE Standard/Extra

TRICARE Standard:

- Mrs. Green, a TRICARE Standard active duty family member visited a non-TRICARE network provider for a TRICARE-covered service.
- She paid 20% of the TRICARE allowable charge (her cost share) after the annual deductible was met.

TRICARE Extra:

- Mrs. Green, a TRICARE Standard active duty family member visited a TRICARE network provider for a TRICARE-covered service.
- She paid 15% of the negotiated rate (her cost share) after the annual deductible was met.
- For this episode of care, Mrs. Green used the TRICARE Extra option and received a 5% cost share discount.

TRICARE Extra

Eligibility

- Active duty family members
- Transitional Survivors/Survivors
- Retirees and their family members
- Medal of Honor recipients and their families
- Family members of National Guard/Reserve members
  - When sponsor is activated on federal orders for more than 30 consecutive days

Enrollment

- No enrollment and no fees are required

Military Treatment Facility Access

- Same as TRICARE Standard

TRICARE Extra Costs

Status	Active Duty Family Member E1 – E4	Active Duty Family Member E5 and Above	Retirees, Their Family Members and Survivors
Enrollment Fee	$0	$0	$0
Cost Shares	15% of fee negotiated by regional contractor	15% of fee negotiated by regional contractor	20% of fee negotiated by regional contractor
Deductibles	$50 individual $100 family	$150 individual $300 family	$150 individual $300 family
Catastrophic Cap*	$1,000 per family per fiscal year	$1,000 per family per fiscal year	$3,000 per family per fiscal year

* The catastrophic cap is the maximum amount per fiscal year a beneficiary pays out-of-pocket for TRICARE-covered services or supplies.

TRICARE Prime

- TRICARE Prime is a managed care option similar to a civilian health maintenance organization (HMO)
- Enrollees get their routine and urgent medical care delivered and/or managed by their assigned Primary Care Manager (PCM)
- Prime enrollees may receive care at an MTF or from a TRICARE network provider
- TRICARE Prime offers the lowest out-of-pocket costs when compared to TRICARE Standard and TRICARE Extra

TRICARE Prime

Eligibility

- Active duty service members
- Active duty family members; including Transitional Survivors
- National Guard/Reserve members
  - Activated on federal orders for more than 30 consecutive days
- Family members of National Guard/Reserve members
  - When sponsor is activated on federal orders for more than 30 consecutive days

- **Non-Active Duty Beneficiaries Under Age 65**
  - Retirees and their family members; including Survivors
  - Certain former spouses
  - Medal of Honor recipients and their family members

TRICARE Prime

Enrollment

- Beneficiaries have three enrollment options:
  - Online
    - Via the Beneficiary Web Enrollment Web Portal (BWE) at https://www.dmdc.osd.mil/appj/bwe/
  - By mail
    - Complete and mail the TRICARE Prime enrollment form to the regional contractor
  - In Person
    - Complete and submit the TRICARE Prime enrollment form to the TRICARE Service Center
- Retirees pay an annual enrollment fee
  - $230/individual or $460/family

TRICARE Prime

Primary Care Managers

- Prime enrollees will select or be assigned a Primary Care Manager (PCM)
  - PCMs may be an MTF provider or a TRICARE network provider

- PCMs manage the beneficiary's medical care by:
  - Providing routine and urgent medical care
  - Coordinating referrals for specialty care
  - Assisting with prior authorizations (when needed)
  - Maintaining medical health records

TRICARE Prime

Seeking Care

- MTF (Direct Care)
  - Prime enrollees have first priority for access to primary care appointments
  - When MTF care is unavailable, enrollees may be referred to a TRICARE network provider
- TRICARE Network (Purchased Care)
  - Before seeking care, beneficiaries should ensure the provider is in the TRICARE network

TRICARE Prime Costs

Status	Active Duty Family Member E1–E4	Active Duty Family Member E5 and Above	Retirees, Their Family Members, Survivors, Eligible Former Spouses
Enrollment Fee	$0	$0	$230 individual/$460 family
Copayments	$0	$0	$12 outpatient visit $17 mental health group session $20 ambulance $25 mental health individual $30 emergency room
Deductibles	$0	$0	$0
Catastrophic Cap*	$1,000 per family per fiscal year	$1,000 per family per fiscal year	$3,000 per family per fiscal year

* The catastrophic cap is the maximum amount per fiscal year a beneficiary pays out-of-
pocket for TRICARE-covered services or supplies.

TRICARE Prime POS Option

- The Point of Service option (POS) allows non-active duty TRICARE Prime enrollees to receive non-emergency care from any TRICARE-authorized provider without requesting a referral from their PCM
- Enrollees using the POS option will incur higher out-of-pocket costs for TRICARE-authorized services
- The POS option is available to beneficiaries enrolled in a TRICARE Prime option (i.e., TRICARE Prime, TRICARE Prime Remote, TRICARE Overseas Program Prime and TRICARE Overseas Program Prime Remote)
- Active duty service members may not use the POS option
  - If they receive care without the proper authorization, TRICARE will deny the claim

POS Option Costs

Charges	Individual	Family
POS deductible per fiscal year	$300	$600
Cost shares for outpatient claims	50% of allowed charge after POS deductible is met	
Cost shares for inpatient claims	50% of allowed charge	
- The Point of Service deductible and cost share amounts are **NOT** creditable to the fiscal year catastrophic cap. - The 50% cost share applies even after the catastrophic cap for the fiscal year has been met.		

POS Exceptions:

- Emergency medical services
- Preventive care services from a network provider
- Initial eight behavioral health outpatient visits from a network provider
- Primary OHI care (must have documentation that OHI processed the claim)

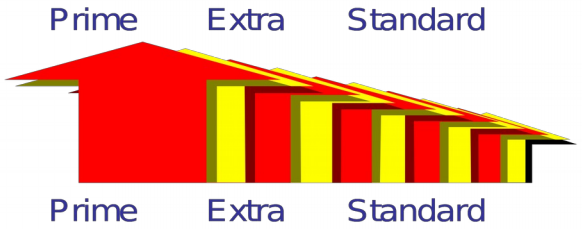
Referrals

- A referral is the process of sending a patient to another professional provider (physician or psychologist) for consultation or a health care service that the referring provider believes is necessary, but is not prepared or qualified to provide
- There are times when a beneficiary will need to see a specialist for a diagnosis or treatment that their PCM cannot provide
  - In this instance, the PCM will write a referral for the beneficiary to see specialist and coordinate the referral approval (authorization) with the regional contractor

Choosing the Right Option

Freedom of Choice

Access to MTF

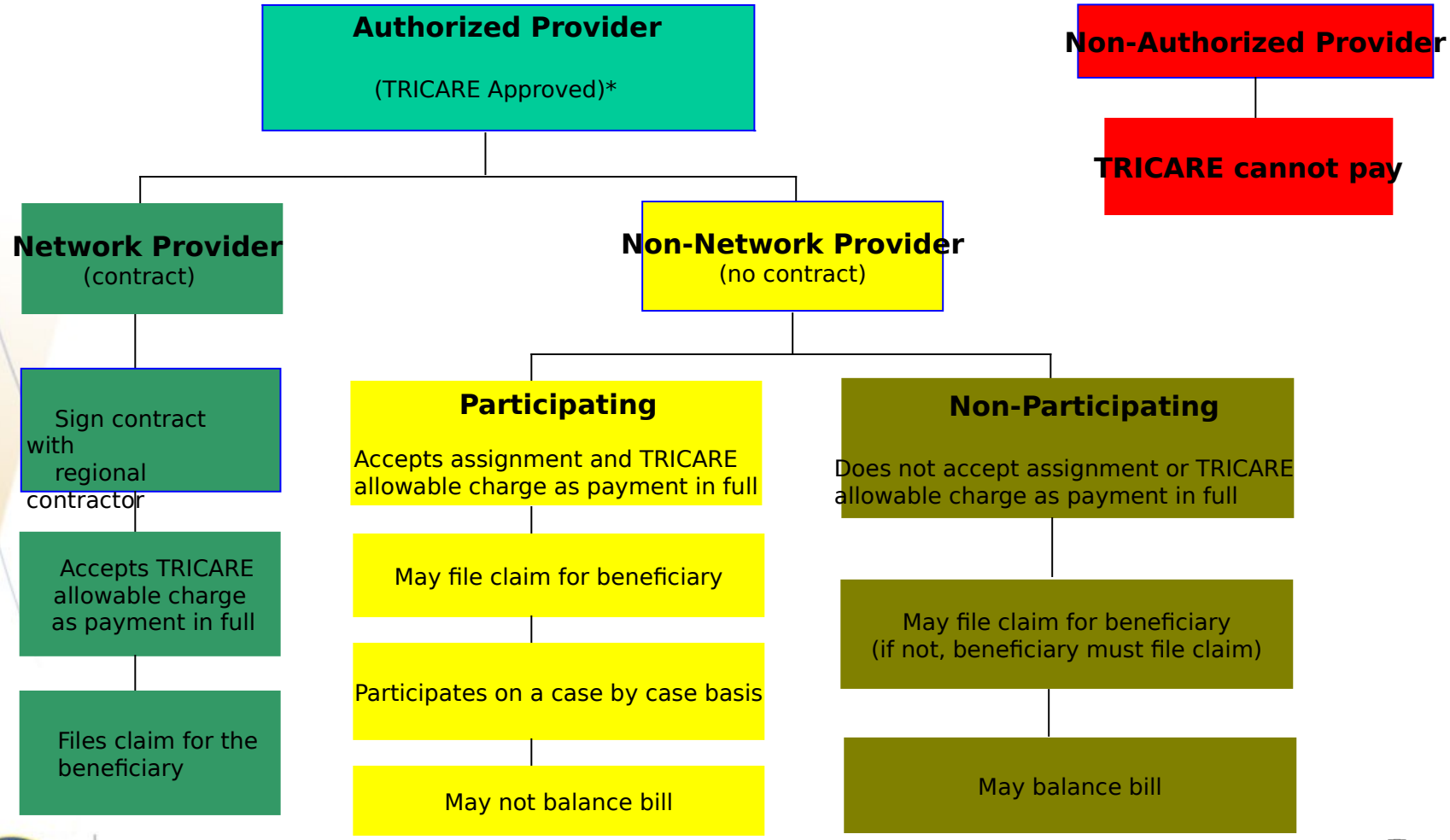


Cost

Prime Extra Standard

- If freedom of choice from a larger provider pool is most important, using TRICARE Standard may be the best option
- If cost share discounts are important, using TRICARE Extra may be the best option for a TRICARE Standard beneficiary
- If managed care, low out-of-pocket costs and priority access to MTF care are most important, enrolling in TRICARE Prime may be the best option

Provider Types



*** NOTE: Medicare certified providers are considered TRICARE authorized per CFR 199.6 - Authorized Providers.**

Authorized Providers

- Authorized providers are individuals, institutions, organizations, or suppliers who are certified to provide benefits under TRICARE

- They must meet one or more of the following criteria:

  - Licensure by the state
  - Accreditation by a national organization
  - Meet other standards of the medical community

- Before getting care, beneficiaries should ask the provider if they are a TRICARE-authorized provider; if the provider is not, TRICARE cannot pay the bill
- Many Veterans Affairs (VA) health care facilities participate in TRICARE networks and provide primary care and specialty care for ADSMs and their family members

Network/Non-Network Providers

- **Network Providers**
  - Serve TRICARE beneficiaries through a contractual agreement with the regional contractor, which makes them a member of the TRICARE Prime network
- **Non-Network Providers**
  - Have no contractual agreement with the regional contractor; however, they may still serve TRICARE beneficiaries
  - Two Types of Non-Network providers:
    - **Participating**
      - ❑ Agree to serve TRICARE beneficiaries on a case-by-case basis
      - ❑ Agree to accept the TRICARE allowable charge as payment in full
    - **Non-participating, non-network provider**
      - ❑ Agree to serve TRICARE beneficiaries on a case-by-case basis
      - ❑ Do not accept the TRICARE allowable charge as payment in full
      - ❑ May charge beneficiary 15% above the TRICARE allowable charge (balance billing)

Congratulations! You've Completed Module 3: TRICARE Options

You should now be able to:

- List the features of TRICARE Standard, Extra and Prime
- Explain the TRICARE charges associated with the basic TRICARE options
- Identify TRICARE-authorized provider types